

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
91509302

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	.	1				
4		1				
5		1				
6		3				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		2				
14		1				
15		1				
16		1				
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL CLAIMS	19					

*		*		*
IND.	DEP.	IND.	DEP.	IND.
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
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99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				